

VZCZCXRO2598
PP RUEHIK
DE RUEHBM #0673 2790430
ZNR UUUUU ZZH
P 060430Z OCT 09
FM AMEMBASSY BUCHAREST
TO RUEHC/SECSTATE WASHDC PRIORITY 9944
INFO RUEHZL/EUROPEAN POLITICAL COLLECTIVE PRIORITY
RUEAUSA/DEPT OF HHS WASHINGTON DC PRIORITY
RUEHPH/CDC ATLANTA GA PRIORITY

UNCLAS BUCHAREST 000673

SENSITIVE

STATE FOR EUR/CE ASCHEIBE, OES/IHB DWINN

SIPDIS

E.O. 12958: N/A

TAGS: [ECON](#) [EINV](#) [TBIO](#) [PGOV](#) [SOCI](#) [AMED](#) [RO](#)

SUBJECT: ROMANIA: PREPARATIONS FOR AN H1N1 PANDEMIC

Sensitive but Unclassified; not for Internet distribution.

¶1. (SBU) Summary: The start of the school year and continued steady uptick in AH1N1 cases has pushed the Government of Romania (GOR) to advance its planning for a potential flu pandemic. AH1N1's relatively low mortality rate to date has lessened the urgency of the planning, but the Ministry of Health (MOH) and the General Inspectorate for Emergency Situations (Romanian acronym IGSU), part of the Ministry of Interior, have established a response plan and tripwires for managing a pandemic. So far, there have been 330 confirmed AH1N1 infections in Romania, with this number projected to grow. The MOH expects a domestically manufactured vaccine to become available in December and will try to limit spread of the virus until a vaccine can be widely distributed. End Summary.

¶2. (SBU) Since the domestic vaccine is still several months away, the MOH strategy to limit transmission of the virus includes hospitalization of all infected individuals and treatment with antiviral drugs. As a further precaution, schools will be shut down entirely for seven days if it is confirmed that three or more pupils are infected. Each school must form a special committee, including teachers and medical staff, tasked with identifying possible AH1N1 infections. To date, all 330 confirmed AH1N1 cases have been hospitalized and treated with oseltamivir, and no schools have been shut completely. The MOH has sufficient antiviral medications on hand to cover three to four percent of the population and hopes to increase this to ten percent over the next several months.

¶3. (SBU) Deploying an effective vaccine is a priority. However, with the current budget crisis severely restricting funding, the MOH has turned to the Cantacuzino National Infectious Disease Research Institute instead of a commercial supplier to manufacture the vaccine at-cost for the domestic market. Cantacuzino has the capacity to make up to one million doses per month and plans to have five million doses available when the vaccine receives final approval for administration to adults (projected for December) and children (likely February 2010). Vaccines will be free of charge for recipients, with priority given to medical and emergency services personnel, with pregnant women, children, and those with compromised immune systems next in line.

¶4. (SBU) Given the substantial time lag before enough doses are distributed nationally to have a significant impact on disease transmission, MOH and IGSU have a pandemic plan in case interim control strategies fail. At the national level, an emergency group led by the Minister of Interior will coordinate interagency responses once a "Level 5" pandemic is declared (i.e. virus spread is uncontrolled, with significant impact on normal routines). Prior to this declaration, the MOH will manage AH1N1 as a public health issue, seeking assistance from IGSU in coordinating any non-medical measures, such as those involving the police and fire services. The national emergency coordination group retains authority over the full range of national emergency services, to include assistance from the military.

¶5. (SBU) IGSU and MOH have already requested that major private sector employers develop contingency plans. IGSU and MOH have surveyed a sample of these plans and report that most employers are taking this task seriously. All employers must develop a workplace continuity plan to maintain essential services, even at significantly reduced staffing levels. MOH is recommending that every institution have a flu monitoring "point person" and notes that larger employers usually have a nurse or other medical personnel already on staff.

¶6. (SBU) Comment. Romania's plans to combat a flu pandemic appear to be well-developed. MOH, to its credit, has been proactive in trying to anticipate and sort out interagency issues and mechanisms in advance. At the same time, while Romanian institutions often produce very detailed strategies and action plans, the ability to implement them in a true crisis situation is always an open question. GOR interagency coordination is spotty even under the best of circumstances. Of additional concern are the very real resource constraints that hospitals and doctors operate under in Romania. For a population of over 22 million people, there are only 500 ventilators in the entire country, 215 of which are in Bucharest alone. Personnel trained to use this equipment, and hospital beds generally, are in short supply. If infections surge, individuals would not be able to rely on emergency medical services. A flu pandemic with a moderate to high fatality rate would overwhelm the public health system. For this reason, MOH is working to deploy a vaccine as quickly as possible. End Comment.

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